



**Inspection Report  
under the *Long-Term  
Care Homes Act, 2007***

**Rapport d'inspection  
prévue le *Loi de 2007  
les foyers de soins de  
longue durée***

**Ministry of Health and Long-Term Care**  
Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

Hamilton Service Area Office  
119 King Street West, 11<sup>th</sup> Floor  
Hamilton ON L8P 4Y7

Bureau régional de services de Hamilton  
119, rue King Ouest, 11<sup>ém</sup> étage  
Hamilton ON L8P 4Y7

**Ministère de la Santé et des Soins de  
longue durée**

Division de la responsabilisation et de la performance du  
système de santé  
Direction de l'amélioration de la performance et de la  
conformité

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<b>Date of inspection/Date de l'inspection</b> February 1, 2011	<b>Inspection No/ d'inspection</b> 2011_159_2833_01Feb072741	<b>Type of Inspection/Genre d'inspection</b> H-02682 Complaint
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**Licensee/Titulaire**  
Regency LTC Operating Limited Partnership on behalf of Regency Operator GP Inc. as General Partner  
100 Milverton Drive Suite 700, Mississauga, ON L5R 4H1

**Long-Term Care Home/Foyer de soins de longue durée**  
Wenleigh (The)  
2065 Leanne Boulevard, Mississauga ON L5K 2L6

**Name of Inspector/Nom de l'inspecteur(s)**  
Asha Sehgal

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct a complaint inspection.

During the course of the inspection, the inspector spoke with: Administrator, Director of Resident Care, Registered Nurse, Personal Support Service workers (PSWs), and Residents.

During the course of the inspection, the inspector: Interview Resident, Interview nursing staff, review residents health record, observed noon meal service.

The following Inspection Protocols were used during this inspection:  
Personal Support Services

There are no findings of Non-Compliance as a result of this inspection.



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Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné		Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.	
		<i>Ashe Selge</i>	
Title:	Date:	Date of Report: (if different from date(s) of inspection).	
		<i>Feb 3, 2011</i>	